

MINDVIEW

VOL. 5 | ISSUE 1 | FEBRUARY 2012 IMPROVING THE QUALITY OF LIFE FOR VETERANS WITH PSYCHOSIS

UPCOMING EVENTS

CBT FOR DUAL DISORDERS SEMINAR
February 13, 2012
Location: Los Angeles, CA

BEHAVIORAL FAMILY THERAPY
WORKSHOP
February 14-16, 2012
Location: San Antonio, TX

SOCIAL SKILLS TRAINING WORKSHOP
March 1-2, 2012
Location: Santa Monica, CA

INTEGRATED BEHAVIORAL COUPLES
THERAPY WORKSHOP
March 26-29, 2012
Location: TBD

INTEGRATED BEHAVIORAL COUPLES
THERAPY WORKSHOP
August 21-24, 2012
Location: TBD

IN THIS ISSUE

- 1 Pathways to Homelessness Among Women Veterans
- 2 Letter from the Director
- 2 VISN 22 MIRECC Launches Women's Workgroup
- 3 Downtown Los Angeles VA Integrates Women's Clinic and Mental Health Services
- 4 Mental Health Services for Women Veterans in VISN 22
- 5 VISN 22 Women Veterans Program Managers
- 5 Make the Connection
- 6 Dr. Anna Okonek Wins Outstanding Director of Training Award
- 6 Meet Your CBOC: Veterans Village Recovery Center at Cabrillo
- 7 Recent MIRECC Publications
- 8 New Grants

PATHWAYS TO HOMELESSNESS AMONG WOMEN VETERANS

Alison B. Hamilton, PhD, MPH and Donna L. Washington, MD, MPH

Veterans comprise a disproportionate fraction of the nation's homeless population with an estimated 1 of every 4 homeless people having served in the military. Women Veterans are up to 4 times more likely to be homeless than non-Veteran women, and homelessness among women Veterans is on the rise, especially among those returning from recent conflicts.

Little is known about how women come to be homeless, and even less is known about how women Veterans come to be homeless. Most literature on risk factors for homelessness points to childhood adversity, drug and alcohol abuse, and other mental health problems as major precursors of homelessness. This literature tends to focus on isolating independent risk factors, with less attention to how risk factors interplay and accumulate over the life course to result in homelessness. However, a recent study by Hamilton and colleagues examined complex pathways to homelessness, as described by 29 homeless women Veterans who par-

ticipated in focus groups in Los Angeles.

All focus group participants had spent at least one night in the past month in a shelter, transitional residential facility, a hotel paid for with a voucher, a car, an abandoned building, a nonresidential building, another non-dwelling, or on the street. Participants were an average age of 48 years, none were currently married or employed, almost 2/3 were disabled, and over half had completed an Associate's Degree or higher. Women's average age at first homelessness was 36 years old, 10 years after the average age of military discharge.

Participants described five main factors that precipitated their pathways toward homelessness: (1) pre-military adversity including violence, abuse, and unstable housing; (2) military trauma including, but not limited to, military sexual trauma and/or substance use; (3) post-military interpersonal violence, abuse, and/or termination of intimate relationships; (4) post-military mental illness, substance abuse, and/or

medical issues; and (5) unemployment. Contextual factors, such as lack of social support, a pronounced sense of independence inhibiting care seeking, and barriers to care, promoted the pathways. For most women, these pathways and contextual factors were highly interconnected, forming a "web of vulnerability" that often involved multiple experiences of revictimization and adversity.

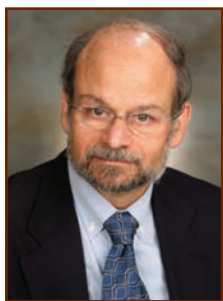
In describing their pathways to homelessness, women noted multiple points along their pathways when they did not report or seek help for detrimental experiences they were having. Women typically did not know about available services or found available services to be problematic (e.g., male-dominated or not sensitive to women veterans' needs). The findings suggest that solutions to homelessness should address multiple risk factors and include trauma-informed care. Further, preventive actions and interventions could potentially sever pathways to homelessness.

"Women Veterans are up to 4 times more likely to be homeless than non-Veteran women."



LETTER FROM THE DIRECTOR

Stephen R. Marder, MD



This issue of MindView focuses on the increasing demand for VA services from women veterans. As noted in the article by Joe Hassell and Noosha Niv, women comprise 12% of the veterans who are receiving VA services after deployment to Iraq and Afghanistan. These individuals challenge the VA to develop a range of services that are adapted to the needs of women. Both clinical experiences and the scientific literature make it clear that every component of the healthcare system, including primary care, specialty mental health, and other specialty services,

need to be re-designed if they are to provide adequate services for women. With the assistance of Women Veterans Program Managers, each VISN 22 facility is developing programs that are designed only for women. The article by Hamilton and Washington describes a recent study that focused on homelessness in women veterans. They found an interesting pattern that described the path to homelessness in these women. This path included a number of stressors at different times of their lives including violence and abuse before, during, and after their years in the military. It is notable that many of these women were not aware of VA services that could have helped or they were disinclined to use these services.

VISN 22 MIRECC LAUNCHES WOMEN'S WORKGROUP

Shirley Glynn, PhD

Women comprise about 15% of those serving in the military, and the number is increasing. The VA has made an enhanced commitment to assuring the needs of treatment-seeking female Veterans are being adequately met. Multiple efforts have been mounted, including the provision of specialized women's clinics in many mental health facilities, improving gynecological services throughout the agency, and partnering with non-profit per diem agencies which provide supported housing alternatives specifically designed for women. In addition to developing clinical services, the VA Office of Mental Health Services (OMHS) is encouraging a greater commitment from VA Mental Illness Research, Education and Clinical Centers (MIRECCs) to assure they are including issues of importance to women in their research and clinical endeavors.

The VISN 22 MIRECC is developing a workgroup to address women's issues in psychoses and other serious psychiatric issues. The workgroup is committed to assuring their projects have clinical, policy, and research implications for improving the functional capacities of female Veterans receiving care for serious psychiatric illnesses. The workgroup is currently developing a work plan and conferring with Dr. Susan McCutcheon, Director of Women's Health Services from OMHS, to develop a research agenda.



DOWNTOWN LOS ANGELES VA INTEGRATES WOMEN'S CLINIC AND MENTAL HEALTH SERVICES

Nikki Frousakis, PhD

On December 9, 2011, the VA Los Angeles Ambulatory Care Center (LAACC) launched the integration of mental health services in the Women's Clinic. Dr. Deborah Owens, Acting Associate Chief of Mental Health and Psychology for Downtown Clinics, was tasked with integrating mental health into primary care for LAACC. She explained how beginning with the women's clinic was the logical first step toward this overall integration and how enthusiastic and invested LAACC providers were about tending to the specific needs of women veterans. To aid in the complicated task of melding two separate clinics, Dr. Owens created the Women's Wellness Task Force comprised of primary care providers, nurses, psychologists, and social workers.

I met social worker Vivian Hines, ACSW, in a brightly painted "women's lounge" where female veterans can meet each other, participate in a weekly educational support group, and wait in a friendly, non-intimidating environment for their medical and mental health appointments. Ms. Hines joined the LAACC staff 12 years ago to reach out to homeless woman veterans living in neighboring Skid Row or having just arrived at the Greyhound station because they heard the VA might grant them housing. At that time, Ms. Hines participated in a multi-site VA research study that demonstrated the demand for women's services in downtown Los Angeles and across the nation, and subsequently led to the creation of the women's clinic at LAACC. Today, she celebrates the much anticipated integration of mental health services in the women's clinic she helped form. Anna Ramirez, a nurse in the women's clinic, explained that the clinic presently is open on Wednesdays and Fridays and pro-

vides primary care and women's wellness services including prenatal care. Female veterans at this clinic are greeted by an all female staff, can be seen quicker than they can be through primary care, and can address multiple presenting problems in the same visit. Ms. Ramirez shared future plans to open the clinic on Mondays, have a pharmacist join their team, and continue collaborating with specialty clinics to expedite patient care.

Leading the efforts to provide female veterans with same day access to mental health services are psychologist Kimberly Newsom, PhD and social worker Tamika Woodard, LCSW. Dr. Newsom and Ms. Woodard are on call during women's clinic hours for suicide risk assessments and mental health intakes. Their availability and presence in the women's clinic allows for female veteran's to gain immediate access to services and referrals to mental health groups such as the women's education support group and the women's chronic pain management group. Dr. Newsom is presently devising a needs assessment for female veterans. She explained that the Task Force is invested in providing women veterans with what they actually need rather than, just what treatment providers believe they need. This needs assessment will advise the development of additional groups and services.

It is an exciting time for women at LAACC as the mental health and women's clinics are working closely to identify and address the specific need of female veterans. Plans are in place to expand both the space and services available to women veterans and to continue the effort for full integration by having a constant mental health presence in the women's clinic.



Front row: Juanita Luna, Kimberly Newsom, PhD, Anna Ramirez, LVN, Harrier Cagatay Farand, PA, Vivian Hines, ACSW
Back row: Deborah Owens, PhD, JoEtta Brown-Higgins, MSW, Lane Turzan, RNMN, Tamika Woodard, LCSW

MENTAL HEALTH SERVICES FOR WOMEN VETERANS IN VISN 22

Joe Hassell, PhD and Noosha Niv, PhD

The Veterans Health Administration (VHA) recognizes the quickly growing need for mental health services for women veterans. Women make up approximately 12% of the Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn veterans who have received services at the VA. The VHA is committed to assisting women veterans with their mental health care needs. At each VA Medical Center nationwide, a Women Veterans Program Manager (WVPM) is designated to advise and advocate for women veterans. The WVPM helps coordinate all the services women veterans may need, including primary care, mental health care, specialized care and reproductive health. Most of the WVPMs nationwide work out of Women's Clinics which house these services.

Mental health care for women veterans includes evaluation and assistance for is-

suues such as depression, mood and anxiety disorders, intimate partner and domestic violence, sexual trauma, elder abuse or neglect, parenting difficulties, anger management, post-deployment adjustment, post traumatic stress disorder (PTSD) and marital, caregiver, or family related stress. All VA medical centers in the VISN 22 Healthcare Network offer specialized mental health services for women, including assessments, time-limited individual therapy, support groups and Cognitive Processing Therapy groups for women veterans with PTSD. Each medical center has at least one mental health provider working with women veterans providing "on the spot" assessments, crisis counseling, and if needed, immediate referral to a specialized VA mental health program. Staff at each site were proud to discuss the "one-stop shop" services that their Women's Clinics offer, meaning that women veterans could

schedule back to back appointments to address medical and mental health needs in one visit to the Center.

In addition to the new Women's Clinic at the VA Los Angeles Ambulatory Care Center (see page 3), the Greater Los Angeles VA Healthcare System also has Women's Clinics at the West Los Angeles VA Medical Center and the Sepulveda Outpatient Clinic. These two Clinics were the first of their kind in VISN 22; they began providing unique services for women veterans in 1994. These clinics offer women veterans medication management, prolonged exposure, acceptance and commitment therapy, dialectical behavioral therapy, psychodynamic processing therapy and seeking safety groups. Further, training programs at these sites offer psychiatry residents and psychology post-doctoral fellows the opportunity to receive training in interventions

geared specifically towards the needs of women veterans.

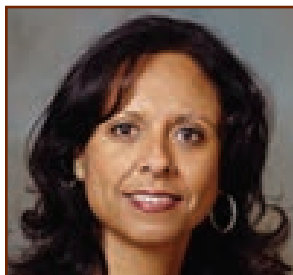
At the Loma Linda VA Medical Center, women veterans can attend a trauma education group from which they can be referred to the PTSD treatment program. Specialized women's services at Loma Linda include a domestic violence group, a biofeedback group for women experiencing anxiety, PTSD or chronic pain, a biofeedback group for women who have pelvic pain and/or urinary or bowel incontinence, and a weekly yoga class.. For women veterans with trauma histories, there is an equestrian assisted therapy service as well as services from a horse whisperer. Most recently, the Women's Clinic has begun working with the Disabled American Veterans group and the City of San Bernardino to develop a therapeutic program where women veterans can volunteer at a garden one day per week.



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MAKE THE CONNECTION

Noosha Niv, PhD

The Department of Veterans Affairs recently launched “Make the Connection,” a public outreach campaign designed to connect Veterans and family members with one another and with services and resources to help them transition to civilian life. The campaign is raising awareness through public service announcements, advertisements and partnerships with Veteran organizations and mental health providers nationwide. The central focus of the campaign, however, is the website, www.MakeTheConnection.net. The website features personal testimonials of Veterans sharing their experiences, challenges and achievements. “VA is heartened by the tremendous commitment of Veterans of all service eras, genders and backgrounds who are stepping up to share their stories,” said Secretary of Veterans Affairs Eric K. Shinseki. “Just as they

would never leave a fellow Servicemember behind on the field of battle, they are once again reaching out to support their fellow Veterans with their compelling examples of successful treatment and recovery.”

The site allows for a personalized experience by connecting Veterans to content that is most relevant to them. Veterans can filter specifically for information related to their gender, service era, service branch, and combat exposure. In addition to personal testimonials, the site provides information on mental health symptoms and disorders and information on a variety of life events and situations that can affect reintegration and quality of life. A key component of the site is connecting Veterans with services and resources they may need. The site features a VA resource locator as well as a National Resource Di-

rectory for resources related to benefits and compensation, education, employment, housing, transportation and more. Self-assessment questionnaires for depression, PTSD, and alcohol and

substance use disorders are also available so Veterans can determine if their feelings and behaviors may be related to treatable conditions.

For more information, please visit: www.MakeTheConnection.net

Click to hear my story:
www.MakeTheConnection.net

“There were some things that I didn’t talk about for 30 years.”

MAKE THE CONNECTION

Robert
US Air Force
1971-1975

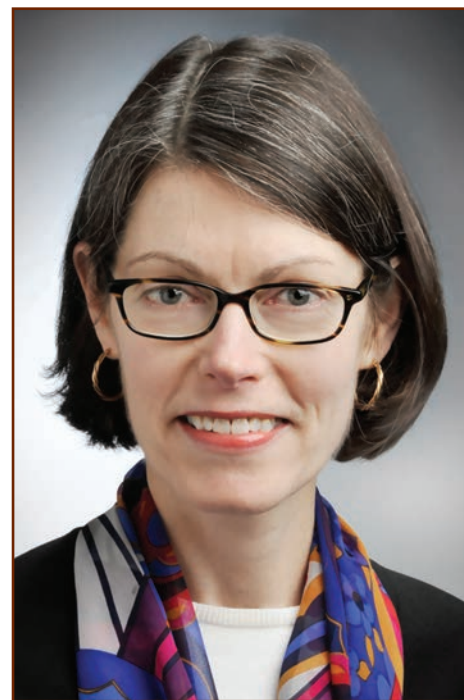
DR. ANNA OKONEK WINS OUTSTANDING DIRECTOR OF TRAINING AWARD

The American Psychological Association (APA) established the Division of Psychologists in Public Service (Division 18) in 1946. Since 1965, Division 18 has presented an Outstanding Director of Training Award to a psychologist in recognition of their public service. The award is made on the basis of nominations by trainees and peers. Dr. Anna Okonek, Director of Psychology Training at the VA West Los Angeles Medical Center, was recently named the recipient of the 2011 Outstanding Director of Training Award. She shares this honor with Dr. Keith Shaw, Assistant Chief of Psychology at the VA Boston Healthcare System and Director of Internship Training at the Boston Consortium in Clinical Psychology.

Dr. Okonek has been a member of the Psychology staff at the West Los Angeles VA for 18 years and has served as Director of Training since 2001. In addition to her administrative and teaching responsibilities

in the Training Program, she provides clinical services in the Polytrauma/Traumatic Brain Injury Program. "It is a great honor to be nominated by my trainees and peers for this award," said Dr. Okonek. "I feel truly fortunate to work with such talented students and colleagues. What a wonderful thing it is to be awarded for something I enjoy doing so much!"

According to APA, "members of Division 18 help train more than half the clinical and counseling psychologists in the nation by providing the internship sites and administering the internship programs. Its members develop and implement mental health treatment programs for millions of persons in inpatient and outpatient settings, as well as community support systems. Through the work of its members, Division 18 has the potential to directly or indirectly touch the lives of most people living in the United States."



MEET YOUR CBOC: VETERANS VILLAGE RECOVERY CENTER AT CABRILLO

Stacey Maruska, LCSW and Noosha Niv, PhD

Veterans Village Recovery Center (VVRC), a Community Based Outpatient Clinic of the VA Long Beach Healthcare System, offers outpatient and residential treatment to veterans with substance use disorders. The program is located at The Villages at Cabrillo (VAC), a 26-acre facility which is operated by the United States Veterans Initiative. VAC provides a wide range of services to both veterans and non-veterans. There are a number of agencies co-located there, including VVRC, Salvation Army, Catholic Charities, Long Beach Unified School District, Long Beach City College, and others.

VVRC is a 38-bed program offering intensive day treatment with supportive housing. The length of the program varies from 30 to 90 days depending on the veteran's needs. The program is staffed by a psychiatrist, a psychologist, social workers, nurses,

and vocational and occupational therapists. The program offers a number of treatment options including pharmacotherapy (e.g., Antabuse, Naltrexone, and Buprenorphine), individual and group counseling, education classes, occupational, recreational, and vocational therapy, case management, and assistance with community placement. Veterans in the program attend a full schedule of activities daily while living in housing on the VAC property.

The program offers three tracks: Core, Flex and Dual. The Dual Track was created in response to the growing need to provide specialized treatment for veterans with substance abuse and mental health issues. Veterans in this track attend a Substance Abuse Management Model (SAMM) group in addition to a daily Process group. The SAMM group is well suited for this particular population as it uses

a less confrontational approach, is slower paced, and makes use of experiential learning. Veterans also attend a peer-led Double Trudgers group. Glen Bouscher, LCSW, facilitates groups and provides case management. He describes the process veterans go through in their recovery as beginning with "an emotional break through" and then "rapid rebound as they start

eating right, taking medications, and vitamins."

Upon completion of the program, veterans are transitioned into sober living facilities. If you would like more information about the VVRC program, please contact Jessie D'Agostino at:

(562) 826-8461

or email her at

Jessie.Dagostino@va.gov



Front row: Alice Fennell, Mark Katz, Judith Lewis, Vander Dale
Back row: Wilma Ang, Charles Stockman, Nathan Burton, Diane Barbre

RECENT MIRECC PUBLICATIONS

- Braff, D.L. (2011). **Promises, Challenges and Caveats of Translational Research in Neuropsychiatry.** In: Barrett, J.E., Coyle, J.T. & Williams, M. (Eds.). *Translational Neuroscience: Applications in Neurology, Psychiatry, and Neurodevelopmental Disorders*. Cambridge University Press.
- Chung, S., Verheij, M.M.M., Hesselink, P., Ruben, W.M., van Vugt, R.W.M., et al. (2011). **The Melanin-Concentrating Hormone (MCH) system modulates behaviors associated with psychiatric disorders.** *PLoS ONE*, 6 (7), e19286.
- Green, M.F., Lee, J., Wynn, J.K., & Mathis, K.I. (2011). **Visual masking in schizophrenia: Overview and theoretical implications.** *Schizophrenia Bulletin*, 37, 700-708.
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- Jahshan, C., Wynn, J.K., Mathis, K.I., Altshuler, L.L., Glahn, D.C., & Green, M.F. (In press). **Cross-diagnostic comparison of duration mismatch negativity and P3a in bipolar disorder and schizophrenia.** *Bipolar Disorders*.
- Halberstadt, A.L. & Geyer, M.A. (2011). **Multiple receptors contribute to the behavioral effects of indoleamine hallucinogens.** *Neuropharmacology*, 61, 364-381.
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- Hamilton, A.B., Poza, I., & Washington, D. (2011). **Homelessness and trauma go hand-in-hand: Pathways to homelessness among women veterans.** *Women's Health Issues*, 21 (4 Suppl), S203-S209.
- Kirihara, K., Rissling, A.J., Swerdlow, N.R., Braff, D.L., & Light, G.A. (In press). **Hierarchical organization of gamma and theta oscillatory dynamics in schizophrenia.** *Biological Psychiatry*.
- Lee, J., Quintana, J., Nori, P., & Green, M.F. (2011). **Theory of mind in schizophrenia: Exploring neural mechanisms of belief attribution.** *Social Neuroscience*, 6, 569-581.
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- Radant, A.D., Braff, D., Calkins, M., Cadenhead, K., Dobie, D., et al. (2011). **Influence of duration of schizophrenia on antisaccade performance.** *Biological Psychiatry*, 69, 237S.
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- Reist, C., Wu, J., Ylva, Y., Mukherjee, J., Griepoos, D., et al. (In press). **Ketoconazole associated preferential increase in dopamine D2 receptor occupancy in striatum compared to pituitary in vivo: Role for drug transporters?** *Journal of Clinical Psychopharmacology*.
- Rost, K., Hsieh, Y., Xu, S., Menachemi, N., & Young, A.S. (2011). **Potential disparities in the management of schizophrenia in the United States.** *Psychiatric Services*, 62, 613-618.
- Schreiber, M., David, A., & Tsuang, D. (2011). **Schizophrenia.** In: Maloy, S. & Hughes, K. (Eds.). *Brenner's Online Encyclopedia of Genetics*, 2nd edition. Elsevier/Academic Press.
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NEW GRANTS

“Sensory Gating and Habituation in Schizophrenia”

Principal Investigator: David Braff, MD

Funded by National Institute of Mental Health

“Biomarker Strategies of Medication-Enhanced Cognitive Therapies in Schizophrenia”

Principal Investigator: Neal Swerdlow, MD

Funded by National Institute of Mental Health



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